

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2						
3						
4						
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11						
12						
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14						
15						
16						
17						
18	✓					
19	✓					
20	✓					
21	✓					
22	✓					
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26	✓					
27	✓					
28	✓					
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48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	20	↔	↔	↔		
TOTAL CLAIMS	29					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS